COVID-19 Weekly Industry Updates

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CMS.gov

Trump Administration Issues Second Round of Sweeping Changes to Support U.S. Healthcare System During COVID-19 Pandemic

To expand care for seniors and provide flexibility, CMS announced new changes that will make it easier for beneficiaries to get tested for COVID-19 and further expand their access to telehealth services, among others. Learn more about the updates.

Press Release by CMS

4/30/2020

At President Trump's direction, and building on its recent historic efforts to help the U.S. healthcare system manage the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services today issued another round of sweeping regulatory waivers and rule changes to deliver expanded care to the nation's seniors and provide flexibility to the healthcare system as America reopens. These changes include making it easier for Medicare and Medicaid beneficiaries to get tested for COVID-19 and continuing CMS's efforts to further expand beneficiaries' access to telehealth services.

CMS is taking action to ensure states and localities have the flexibilities they need to ramp up diagnostic testing and access to medical care, key precursors to ensuring a phased, safe, and gradual reopening of America.

Today's actions are informed by requests from healthcare providers as well as by the Coronavirus Aid, Relief, and Economic Security Act, or CARES Act. CMS's goals during the pandemic are to 1) expand the healthcare workforce by removing barriers for physicians, nurses, and other clinicians to be readily hired from the local community or other states; 2) ensure that local hospitals and health systems have the capacity to handle COVID-19 patients through temporary expansion sites (also known as the CMS Hospital Without Walls initiative); 3) increase access to telehealth for Medicare patients so they can get care from their physicians and other clinicians while staying safely at home; 4) expand at-home and community-based testing to minimize transmission of COVID-19 among Medicare and Medicaid beneficiaries; and 5) put patients over paperwork by giving providers, healthcare facilities, Medicare Advantage and Part D plans, and states temporary relief from many reporting and audit requirements so they can focus on patient care.

"I'm very encouraged that the sacrifices of the American people during the pandemic are working. The war is far from over, but in various areas of the country the tide is turning in our favor," said CMS Administrator Seema Verma. "Building on what was already extraordinary, unprecedented relief for the American healthcare system, CMS is seeking to capitalize on our gains by helping to safely reopen the American healthcare system in accord with President Trump's guidelines."

Made possible by President Trump's recent emergency declaration and emergency rule making, many of CMS's temporary changes will apply immediately for the duration of the Public Health Emergency declaration. They build on an unprecedented array of temporary regulatory waivers and new rules CMS announced March 30 and April 10. Providers and states do not need to apply for the blanket waivers announced today and can begin using the flexibilities immediately. CMS also is requiring nursing homes to inform residents, their families, and representatives of COVID-19 outbreaks in their facilities.

New rules to support and expand COVID-19 diagnostic testing for Medicare and Medicaid beneficiaries

"Testing is vital, and CMS's changes will make getting tested easier and more accessible for Medicare and Medicaid beneficiaries," Verma said.

Under the new waivers and rule changes, Medicare will no longer require an order from the treating physician or other practitioner for beneficiaries to get COVID-19 tests and certain laboratory tests required as part of a COVID-19 diagnosis. During the Public Health Emergency, COVID-19 tests may be covered when ordered by any healthcare professional authorized to do so under state law. To help ensure that Medicare beneficiaries have broad access to testing related to COVID-19, a written practitioner's order is no longer required for the COVID-19 test for Medicare payment purposes.

Pharmacists can work with a physician or other practitioner to provide assessment and specimen collection services, and the physician or other practitioner can bill Medicare for the services. Pharmacists also can perform certain COVID-19 tests if they are enrolled in Medicare as a laboratory, in accordance with a pharmacist's scope of practice and state law. With these changes, beneficiaries can get tested at "parking lot" test sites operated by pharmacies and other entities consistent with state requirements. Such point-of-care sites are a key component in expanding COVID-19 testing capacity.

CMS will pay hospitals and practitioners to assess beneficiaries and collect laboratory samples for COVID-19 testing, and make separate payment when that is the only service the patient receives. This builds on previous action to pay laboratories for technicians to collect samples for COVID-19 testing from homebound beneficiaries and those in certain non-hospital settings, and encourages broader testing by hospitals and physician practices.

To help facilitate expanded testing and reopen the country, CMS is announcing that Medicare and Medicaid are covering certain serology (antibody) tests, which may aid in determining whether a person may have developed an immune response and may not be at immediate risk for COVID-19 reinfection. Medicare and Medicaid will cover laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home.

Additional highlights of the waivers and rule changes announced:

Increase Hospital Capacity - CMS Hospitals Without Walls

Under its Hospitals Without Walls initiative. CMS has taken multiple steps to allow hospitals to provide services in other healthcare facilities and sites that aren't part of the existing hospital, and to set up temporary expansion sites to help address patient needs. Previously, hospitals were required to provide services within their existing departments.

- CMS is giving providers flexibility during the pandemic to increase the number of beds for COVID-19 patients while receiving stable, predictable Medicare payments. For example, teaching hospitals can increase the number of temporary beds without facing reduced payments for indirect medical education. In addition, inpatient psychiatric facilities and inpatient rehabilitation facilities can admit more patients to alleviate pressure on acute-care hospital bed capacity without facing reduced teaching status payments. Similarly, hospital systems that include rural health clinics can increase their bed capacity without affecting the rural health clinic's payments.

- CMS is excepting certain requirements to enable freestanding inpatient rehabilitation facilities to accept patients from acute-care hospitals experiencing a surge, even if the patients do not require rehabilitation care. This makes use of available beds in freestanding inpatient rehabilitation facilities and helps acute-care hospitals to make room for COVID-19 patients.

- CMS is highlighting flexibilities that allow payment for outpatient hospital services -- such as wound care, drug administration, and behavioral health services -- that are delivered in temporary expansion locations, including parking lot tents, converted hotels, or patients' homes (when they're temporarily designated as part of a hospital).

- Under current law, most provider-based hospital outpatient departments that relocate off-campus are paid at lower rates under the Physician Fee Schedule, rather than the Outpatient Prospective Payment System (OPPS). CMS will allow certain provider-based hospital outpatient departments that relocate off-campus to obtain a temporary exception and continue to be paid under the OPPS. Importantly, hospitals may also relocate outpatient departments to more than one off-campus location, or partially relocate off-campus while still furnishing care at the original site.

- Long-term acute-care hospitals can now accept any acute-care hospital patients and be paid at a higher Medicare payment rate, as mandated by the CARES Act. This will make better use during the pandemic of available beds and staffing in long-term acute-care hospitals.

Healthcare Workforce Augmentation:

To bolster the U.S. healthcare workforce amid the pandemic, CMS continues to remove barriers for hiring and retaining physicians, nurses, and other healthcare professionals to keep staffing levels high at hospitals, health clinics, and other facilities. CMS also is cutting red tape so that health professionals can concentrate on the highest-level work they're licensed for.

- Since beneficiaries may need in-home services during the COVID-19 pandemic, nurse practitioners, clinical nurse specialists, and physician assistants can now provide home health services, as mandated by the CARES Act. These practitioners can now (1) order home health services; (2) establish and periodically review a plan of care for home health patients; and (3) certify and re-certify that the patient is eligible for home health services. Previously, Medicare and Medicaid home health beneficiaries could only receive home health services with the certification of a physician. These changes are effective for both Medicare and Medicaid.

- CMS will not reduce Medicare payments for teaching hospitals that shift their residents to other hospitals to meet COVID-related needs, or penalize hospitals without teaching programs that accept these residents. This change removes barriers so teaching hospitals can lend available medical staff support to other hospitals.

- CMS is allowing physical and occupational therapists to delegate maintenance therapy services to physical and occupational therapy assistants in outpatient settings. This frees up physical and occupational therapists to perform other important services and improve beneficiary access.

- Consistent with a change made for hospitals, CMS is waiving a requirement for ambulatory surgery centers to periodically reappraise medical staff privileges during the COVID-19 emergency declaration. This will allow physicians and other practitioners whose privileges are expiring to continue taking care of patients.

Put Patients Over Paperwork/Decrease Administrative Burden

CMS continues to ease federal rules and institute new flexibilities to ensure that states and localities can focus on caring for patients during the pandemic and that care is not delayed due to administrative red tape.

- CMS is allowing payment for certain partial hospitalization services – that is, individual psychotherapy, patient education, and group psychotherapy – that are delivered in temporary expansion locations, including patients' homes.

- CMS is temporarily allowing Community Mental Health Centers to offer partial hospitalization and other mental health services to clients in the safety of their homes. Previously, clients had to travel to a clinic

to get these intensive services. Now, Community Mental Health Centers can furnish certain therapy and counseling services in a client's home to ensure access to necessary services and maintain continuity of care.

- CMS will not enforce certain clinical criteria in local coverage determinations that limit access to therapeutic continuous glucose monitors for beneficiaries with diabetes. As a result, clinicians will have greater flexibility to allow more of their diabetic patients to monitor their glucose and adjust insulin doses at home.

Further Expand Telehealth in Medicare:

CMS directed a historic expansion of telehealth services so that doctors and other providers can deliver a wider range of care to Medicare beneficiaries in their homes. Beneficiaries thus don't have to travel to a healthcare facility and risk exposure to COVID-19.

- For the duration of the COVID-19 emergency, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services. Prior to this change, only doctors, nurse practitioners, physician assistants, and certain others could deliver telehealth services. Now, other practitioners are able to provide telehealth services, including physical therapists, occupational therapists, and speech language pathologists.

- Hospitals may bill for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is at home when the home is serving as a temporary provider based department of the hospital. Examples of such services include counseling and educational service as well as therapy services. This change expands the types of healthcare providers that can provide using telehealth technology.

- Hospitals may bill as the originating site for telehealth services furnished by hospital-based practitioners to Medicare patients registered as hospital outpatients, including when the patient is located at home.

- CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about $14-$41 to about $46-$110. The payments are retroactive to March 1, 2020.

- Until now, CMS only added new services to the list of Medicare services that may be furnished via telehealth using its rulemaking process. CMS is changing its process during the emergency, and will add new telehealth services on a sub-regulatory basis, considering requests by practitioners now learning to use telehealth as broadly as possible. This will speed up the process of adding services.

- As mandated by the CARES Act, CMS is paying for Medicare telehealth services provided by rural health clinics and federally qualified health clinics. Previously, these clinics could not be paid to provide telehealth expertise as "distant sites." Now, Medicare beneficiaries located in rural and other medically underserved areas will have more options to access care from their home without having to travel.

- Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.

In addition, CMS is making changes to the Medicare Shared Savings Program to give the 517 accountable care organizations (ACOs) serving more than 11 million beneficiaries greater financial stability and predictability during the COVID-19 pandemic.

ACOs are groups of doctors, hospitals, and other healthcare providers, that come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds both in delivering high-quality care and spending healthcare dollars more wisely, it may share in any savings it achieves for the Medicare program.

Because the impact of the pandemic varies across the country, CMS is making adjustments to the financial methodology to account for COVID-19 costs so that ACOs will be treated equitably regardless of the extent to which their patient populations are affected by the pandemic. CMS is also forgoing the annual application cycle for 2021 and giving ACOs whose participation is set to end this year the option to extend for another year. ACOs that are required to increase their financial risk over the course of their current agreement period in the program will have the option to maintain their current risk level for next year, instead of being advanced automatically to the next risk level.

CMS is permitting states operating a Basic Health Program to submit revised BHP Blueprints for temporary changes tied to the COVID-19 public health emergency that are not restrictive and could be effective retroactive to the first day of the COVID-19 public health emergency declaration. Previously, revised BHP Blueprints could only be submitted prospectively.

CMS sets and enforces essential quality and safety standards for the nation's healthcare system. It is also the nation's largest health insurer, serving more than 140 million Americans through Medicare, Medicaid, the Children's Health Insurance Program, and federal Health Insurance Exchanges.

For additional background information on the waivers and rule changes, go to: https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient

For more information on the COVID-19 waivers and guidance, and the Interim Final Rule, please go to the CMS COVID-19 flexibilities webpage: https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.

These actions, and earlier CMS actions in response to COVID-19, are part of the ongoing White House Coronavirus Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

McKnight's SENIOR LIVING
News, perspective and analysis

3 Members of Congress Give 11 Assisted Living CEOs Until Friday to Detail Their COVID-19 Strategies

Since assisted living facilities share many of the same characteristics as nursing homes that increase the risk of COVID-19, some members of Congress are asking for information on the actions they're taking to prevent the virus. Find out why.

Written by: Lois A. Bowers

5/4/2020

Senior living operators may not be receiving the personal protective equipment that nursing homes have been promised by the federal government to fight COVID-19, but now they may be receiving a level of federal scrutiny similar to nursing homes.

The CEOs of 11 of some of the country's largest senior living companies have until Friday to respond to a letter from three members of Congress asking them to detail the extent of COVID-19 at their communities and the actions they are taking to prevent or mitigate the disease.

"Assisted living facilities deserve particular scrutiny in this pandemic because they share several of the same characteristics that increase risks at nursing homes — a population of senior citizens, many with chronic health problems, living and interacting closely together — but they face a significantly less stringent regulatory environment," wrote Sen. Elizabeth Warren (D-MA), a member of the Senate Health, Education, Labor, and Pensions and Senate Aging Committees; Sen. Edward J. Markey (D-MA) and Rep. Carolyn B. Maloney (D-NY), chair of the House Committee on Oversight and Reform, in a letter Friday. The characteristics delineated by the members of Congress echo some of the ones listed by associations representing the sector when arguing why senior living operators in addition to skilled nursing providers should be prioritized for PPE.

The letter was sent to the CEOs of Affinity Living Group, Atria Senior Living, Brookdale Senior Living, Capital Senior Living, Enlivant, Eclipse Senior Living, Five Star Senior Living, Gardant Management Solutions, LifeCare Services, Senior Lifestyle Corp. and Sunrise Senior Living. The 18 questions in the letter ask the leaders to share

the total number of communities, residents and staff members at each company as well as the number and severity of COVID-19 cases among residents and staff members and the communities in which any cases have occurred; details related to testing and the reporting of results; sick leave, family leave, medical leave and hazard pay offered to employees; visitation policies; and the use of PPE.

Warren was one of four senators who had requested that the Government Accountability Office study Medicaid oversight and quality of care in assisted living communities, an effort that resulted in a January 2018 report, which the new letter referenced.

The members of Congress said they are requesting the information because "there was not and is not a national reporting requirement for assisted living facilities with COVID-19 cases: there is only non-binding guidance from [Centers for Disease Control and Prevention] on preventing and mitigating outbreaks in assisted living facilities. As a result, there is little comprehensive national information available on the extent of COVID19 outbreaks in assisted living facilities and the actions taken by assisted living facilities and their operators to address these risks."

McKnight's SENIOR LIVING
News, perspective and analysis

Senior Living Industry Bracing for Effects State Reopening Will Have on Residents, Staff

With many states reopening, the long-term care is worried about another spike in COVID-19 cases. Find out about the cautious approach many providers plan to take.

Written by: Kimberly Bonvissuto

5/4/2020

As governors take steps to reopen their states in the wake of the COVID-19 pandemic, the long-term care industry is taking a more cautious approach to relaxing the protocols put in place within the past two months.

Long-term care providers have expressed fears that the ongoing coronavirus pandemic could put workers at an increased risk of developing or spreading the disease through facilities.

According to the Kaiser Family Foundation, more than 10,000 COVID-19-related deaths have been reported among residents of assisted living, skilled nursing and intermediate care facilities, and in six states, such residents account for 50% or more of all COVID-19 deaths.

In Florida, the long-term care industry was represented on Gov. Ron DeSantis' "Re-Open Florida Task Force," which last week outlined recommendations on reopening the state beginning Monday. Assisted living communities and nursing homes are not part of the first phase of the reopening.

LeadingAge Florida President and CEO Steve Bahmer was on the task force and praised the phase-in process, but went further in stating how that would look for long-term care facilities.

"Long-term care providers are going to be very cautious about relaxing the protocols they have in place, protocols that are intended to protect the most vulnerable Florida seniors," he said in a statement.

Although the task force recommended that older adults continue to stay home and follow social distancing guidelines, Bahmer expanded on those recommendations for long-term care, including prioritizing long-term care for testing and personal protective equipment distribution; standardizing re-open protocols and regulatory guidance; and providing financial and public support for front-line healthcare workers caring for the state's most vulnerable seniors.

"We went to battle for critical supplies and the PPE we sent out, and the testing sites that we've provided across the state have undoubtedly made a difference," Florida Division of Emergency Management Director Jared Moskowitz said in a statement. "As we enter the next phase, we will continue to provide around-the-clock support for our first responders, healthcare workers and long-term care facility staff."

California, New York and Illinois are among states where stay-at-home orders have been extended through May, although some states are opening some businesses. Alaska, Georgia, Oklahoma, Iowa, Texas and Florida are among states beginning a phased plan to reopen their states. Ohio has a state-at-home order through May 29, although some types of businesses will open in a phased plan throughout the month; long-term care facilities will not be among them. CNN compiled a list of where all 50 states stand on reopening.

Mark Parkinson, American Health Care Association / National Center for Assisted Living president and CEO, who formerly was governor of Kansas from 2009 to 2011, said opening states too quickly could result in another coronavirus spike in senior living and care facilities.

"If states reopen too quickly and another spike in COVID-19 occurs in communities and states, there will be a spike in COVID-19 cases in any congregate care setting," Parkinson said. "Governors have to be careful about what they allow to happen in states because it will have an impact on buildings."

Similarly, Argentum President and CEO James Balda recently expressed concern that a shortage of tests and equipment could put senior living residents and employees at risk.

The Kaiser Family Foundation said significant state variations exist in requirements for assisted living communities and nursing facilities, in terms of prohibiting visitors, screening staff for illness daily and requiring staff PPE use. Although some governors recently announced the relaxing of restrictions that aim to slow the spread of the virus, some state guidance issued for assisted living communities and nursing facilities has expired — or soon will.

For example, Washington's order prohibiting long-term care visitation expired on April 15, and executive orders issued by Georgia and Tennessee expired on April 30. Other states, including Arizona and North Carolina, mandated that long-term care guidance will expire upon termination of the state's emergency declaration related to COVID-19.

"The state-based patchwork regulatory approach shown in our analysis results in increased vulnerability to infection for some nursing facility and assisted-living facility residents, depending on where they live," according to a recent Kaiser Family Foundation report. "This situation mirrors a larger national trend in COVID-19 response in which some states have taken more aggressive actions than others, while the federal government assumes a 'backup' role.

"This state-by-state approach to the COVID-19 pandemic may result in uneven rates of illness, hospitalizations and mortality of long-term care facility residents and staff across the country."

The consumer-oriented National Consumer Voice for Quality Long-Term Care issued recommendations for protecting residents and staff of long-term care facilities, including establishing a state-level response team; distinct COVID-19-only and transitional facilities / units; requiring transparency of information to residents, families and the public; providing adequate PPE and testing; supporting direct caregivers and other essential workers; and supporting and protecting residents during admission, transfer and discharge. Assisted living communities, the organization said, should be required to consult with an infection control preventionist to develop and implement an infection control plan.

Skilled Nursing News

Trump Orders Formation of Nursing Home Quality, Safety Commission in Wake of COVID-19 Crisis

To help nursing homes better prepare for future outbreaks, a new task force will address innovative approaches and best practices. Learn how the group plans to protect residents going forward.

Written by: Alex Spanko

4/30/2020

President Trump on Thursday announced the formation of a special nursing home task force that will convene in late May with the goal of better preparing the industry for future outbreaks in the wake of a staggering COVID-19 death toll.

The Coronavirus Commission for Safety and Quality in Nursing Homes will consist of industry leaders, doctors, scientists, resident advocates, family members, and others, the president and Centers for Medicare & Medicaid Services (CMS) administrator Seema Verma announced at a White House press conference Thursday afternoon.

"The commission will comprehensively assess the response," Verma said. "It will identify best practices, and also provide recommendations for how we go forward to protect our nursing home residents and make sure we are providing the best quality of life."

The group will focus on three primary areas: protecting residents from COVID-19, ramping up authorities' ability to identify and mitigate the spread of COVID-19 in facilities, and improving compliance with infection control policies.

"Additionally, the commission will focus on identifying potentially innovative approaches to using nursing home data to allow for better coordination between federal surveyors, state and local entities, and nursing homes to address the current spread of COVID-19 in nursing homes," CMS announced in a subsequent statement. "The commission will also use data to assess efforts across the country to stop or contain the virus within these facilities."

Trump also confirmed earlier reports that the Federal Emergency Management Agency (FEMA) will soon begin distributing personal protective equipment (PPE) to the nation's 15,400 nursing homes.

"It's a spot that we have to take care of," Trump said. "I guess you could call it a little bit of a weak spot, because things are happening at the nursing homes that we're not happy about that. We don't want that to happen."

The FEMA assistance will come in the form of "care packages" containing seven days' worth of four primary types of PPE — eye protection, masks, gowns, and gloves — according to FEMA administrator Peter Gaynor.

FEMA will base the quantities on each facility's staffing and PPE usage rates, Gaynor said.

The first shipments will be sent next week to operators in the New York, New Jersey, Boston, Chicago, and Washington, D.C. metropolitan markets, with future distributions to properties in other areas. Over the next 60 days, Gaynor said, all nursing homes will receive two sets of care packages, for a total of 14 days' worth of PPE, "no later than July 4."

In addition, the president announced that the federal government will this week finalize a previously disclosed rule that will require nursing home operators to submit COVID-19 data to both CMS and the Centers for Disease Control & Prevention (CDC).

CMS will also send $81 million of CARES Act funding to states in order to bolster their nursing home inspection efforts, according to the president.

"The money couldn't come at a more critical time," Verma said.

The CMS administrator concluded with a direct message to nursing home residents and their families.

"Your pain is our pain, and we are doing everything we can to support you," she said.

American Health Care Association president and CEO Mark Parkinson, who was present for the press conference, praised the moves in a statement released late Thursday.

"We appreciate the commission and plan of action announced today by the Trump administration as an important step forward to ensure long-term care facilities receive the vital support needed during this unprecedented public health crisis," Parkinson said.

LeadingAge, which represents non-profit senior living and care providers, had a more critical response, with CEO Katie Smith Sloan calling FEMA's distribution of two-week PPE supplies "wholly insufficient" and noting that the post-acute and long-term spaces have been left out of the main batch of CARES Act health care relief.

"The president claimed that 'We're taking very special care of our nursing homes and our seniors.' This is false. The time for talk, symbolism, and proclamations has passed," Sloan said in the statement. "It's time for action from the White House and Congress."

Skilled Nursing News

CMS Opens Medicare Telehealth Waivers to Include Physical, Occupational, Speech Therapists

CMS has announced expanded telehealth coverage for PT, OT and SLP. Find out why this step is important to enable residents to be treated in place and fight the spread of COVID-19 in nursing facilities.

Written by: Alex Spanko

4/30/2020

More than a month after the federal government issued widespread waivers to expand telehealth coverage amid the COVID-19 pandemic, therapists will finally be able to provide remote interventions under Medicare.

The Centers for Medicare & Medicaid Services (CMS) on Thursday announced that it will allow physical, occupational, and speech therapy practitioners to provide Medicare-covered telehealth services as long as a federal coronavirus emergency declaration remains in effect.

"For the duration of the COVID-19 emergency, CMS is waiving limitations on the types of clinical practitioners that can furnish Medicare telehealth services," CMS said in an announcement. "Prior to this change, only doctors, nurse practitioners, physician assistants, and certain others could deliver telehealth services. Now, other practitioners are able to provide telehealth services, including physical therapists, occupational therapists, and speech language pathologists."

The lack of PT, OT, and SLP coverage was a major sore spot for therapists and their advocates, who were forced to navigate a world in which their services were still required — but in which nursing homes' doors were largely shut to non-essential personnel due to coronavirus concerns.

Therapy professionals were able to provide some types of remote services, including e-visits and video conferences conducted between different rooms within the same facility.

Thursday's announcement brings PTs, OTs, and SLPs on par with the other providers that have embraced the government's telehealth flexibilities to potentially treat residents in place at skilled nursing facilities and other institutional care sites — a key weapon in the fight to maintain acute-care capacity and prevent the spread of COVID-19 in nursing facilities.

Cynthia Morton, executive vice president of the National Association for the Support of Long-Term Care (NASL), praised the news in an e-mail to SNN, but emphasized that more detail from CMS will be required to fully grasp the scope of the expansion.

"The therapy sector has pressed CMS to add rehab therapists to the list of eligible practitioners, and CMS looks to have answered that today, using their new waiver authority under the CARES Act to add therapists to the list," Morton told SNN. "This is great news, but we are cautiously optimistic that this new authority extends to all settings. We are asking CMS for clarification."

In particular, Morton wanted clarification that the flexibility explicitly applies to nursing facilities, which often count as "home" for other Medicare Part B-covered services.

"We are optimistic that the setting that we feel needs this authority in order to help prevent spread of COVID-19 — patients in nursing facilities — will get to use this technology to deliver services that are really needed," Morton said. "We have patients isolated in rooms and they need therapy interventions to help keep them on the course to better health."

In outpatient settings, physical and occupational therapists can delegate "maintenance therapy services" to PT and OT assistants.

"This frees up physical and occupational therapists to perform other important services and improve beneficiary access," CMS noted.

CMS's telehealth updates also included a boost in the rates for telephone consultations for doctors and other clinicians, raising them from a range of $14 to $41 to $46 to $110, as well as an temporary suspension of formal rulemaking around telehealth.

"CMS is changing its process during the emergency, and will add new telehealth services on a sub-regulatory basis, considering requests by practitioners now learning to use telehealth as broadly as possible," CMS announced. "This will speed up the process of adding services."

Speaking at a White House press conference, President Trump on Thursday said that the number of Medicare beneficiaries using telehealth has jumped from 11,000 to more than 650,000 per week in the wake of CMS's waivers.

The president predicted that the telehealth expansion could become permanent even after the COVID-19 crisis passes.

“They get used to it, and a lot of that’s going to be staying with us long after this horrible scourge is gone,” Trump said.

The therapy news came amid a raft of new flexibilities from CMS, including an expansion of COVID-19 testing coverage, a relaxation of rules governing admissions to inpatient rehabilitation facilities (IRFs), and the suspension of some requirements for accountable care organizations (ACOs).

“I’m very encouraged that the sacrifices of the American people during the pandemic are working. The war is far from over, but in various areas of the country the tide is turning in our favor,” CMS administrator Seema Verma said in a statement. “Building on what was already extraordinary, unprecedented relief for the American healthcare system, CMS is seeking to capitalize on our gains by helping to safely reopen the American healthcare system in accord with President Trump’s guidelines.”